

**DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY-BASED HOUSING SUBSIDY PROGRAM
APPLICATION**

Region: _____ Applicant: _____ Date: _____

SS#: _____ Current Residence: _____

Competency Status:

Consumer is own Legal Guardian: Yes No Consumer has Capacity to Sign Lease: Yes No

If applicant can't sign lease, who will sign in their place: _____

**PLEASE NOTE: DDS employees cannot sign lease.*

Residence information

Proposed Residence: _____ City: _____ Zip: _____

Date of Occupancy: _____

Type of Residence: Single family 2 family 3 family Duplex Apartment Condo

Mobile home Below, please check all utilities or services that are included in the rent:

Heat Electric Gas Oil Snow Removal Waste Removal Water Sewer

Monthly Rent: _____ # Bedrooms: _____ # Baths: _____ # Floors: _____ # Rooms: _____

Landlord/Owner: _____ Phone Number: _____

Is Landlord/Owner one of following: Private Support Provider Family Member Unrelated Party

Consumer viewed and participated in the decision to approve residence: Yes No

Additional Residents - List any other residents of the home:	Relationship to Applicant:	Signed Lease
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Request for Exception:

Please identify any exception that is being reported such as a rent that exceeds the allowable fair market rent or if a multiple bedroom apartment for only one person. Provide a rationale for the exception in the box below:

Supports Provided By: DDS Individual Support Agreement (privately hired staff)

Private Sector (identify): _____

Other Support Provider (identify): _____

Agency Contact Person: _____ Phone: _____

Authorization:

Consumer Signature: _____ Date: _____

Assistant Regional Director: _____ Date: _____

Regional Director: _____ Date: _____

**DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY-BASED HOUSING SUBSIDY PROGRAM**

Income Report/Fact Sheet

Region: _____ Applicant's Name: _____

INCOME REPORT

Please fill out the information requested below:

EARNED INCOME:	
Gross Monthly Wages:	
UNEARNED INCOME:	
SSA:	
SSI:	
DSS:	
Other:	
TOTAL INCOME:	

Dependent children in household:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assets over \$1,600:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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RENT SUBSIDY FACT SHEET**Not an Entitlement:**

- Rent subsidy is for consumers who live in residences that have been inspected and meet the recommendations of the DDS inspector.
- If a consumer moves to a new residence, the rent subsidy does not follow the consumer because the rent subsidy is connected to the location that has passed an inspection, not the consumer.

Applications Are a Requirement:

- When a consumer is seeking a rent subsidy for the first time or a current recipient is moving to a new residence, an application must be submitted.
- A new application is required even if the consumer is moving to a residence that has already been inspected and meets the recommendations of the DDS inspector.
- Previously inspected apartments may need to be re-inspected. Re-inspections will be at the discretion of the DDS inspector.

Application/Inspections Process:

- A rent subsidy cannot be issued until the residence has been inspected and meet the recommendations of the DDS inspector.
- A rent subsidy cannot be issued until all documentation requested has been submitted i.e.: included but not limited to a copy of the lease, proof of apartment insurance, proof of application to DSS benefits.

Lease:

- A copy of the lease is a required for the rent subsidy files.
- Increases in rent will not be honored without a copy of the new lease.

Apartment Insurance:

- All consumers need to have apartment insurance.
- Each roommate needs his or her own individual policy.
- The rent subsidy program will reimburse the consumer up to \$120 of the cost of insurance.

DSS:

- All rent subsidy recipients must apply for DSS cash assistance.
- The residential service provider may be required to submit prove of application for DSS cash assistance or documentation from DSS that cash assistance has been denied.

Prepared by _____

Date: _____

**DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY-BASED HOUSING SUBSIDY PROGRAM
CERTIFICATE OF PARTICIPATION**

DDS Region: _____

Effective Date: _____

This is to certify that _____ is authorized to participate in the Department of Developmental Services Community-Based Housing Subsidy program pursuant to Connecticut General Statutes 17-218(c), inclusive of Regulations of Connecticut Agencies – DDS, Sections 17a-218-1 through 17a-218-7.

The Community-Based Housing Subsidy program is a program operated by the Department of Developmental Services for the purpose of assisting persons with mental retardation to meet the housing costs attributable to the acquisition, retention, use, and occupancy of a community-based residence. Housing costs may include, but are not limited to:

1. Rent or other periodic payment for the use and occupancy
2. Security deposits
3. Utilities
4. Insurance
5. Costs relating to routine maintenance and repair

The State of Connecticut, the Department of Developmental Services, and any of its employees have no responsibilities as lessees or and other interest in the property that is the subject of the housing subsidy.

Based on the participant’s resources, the payment may be adjusted or terminated without prior notice to the lessor.

Housing subsidy recipients must notify DDS upon receipt of any retroactive payouts from Social Security (SSA) or the Department of Social Services (DSS) and should submit a copy of the award letter to the region.

Participant agrees to the distribution of this document to the landlord: Yes No

Participant Signature

Date

Assistant Director

Date

Regional Director

Date

Distribution: Program Participant
 Commissioner, Department of Developmental Services
 Landlord